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BIBDATASHEET**CONFIRMATION NO. 2096**

Bib Data Sheet

SERIAL NUMBER 09/270,141	FILING DATE 03/16/1999 RULE	CLASS 717	GROUP ART UNIT 2124	ATTORNEY DOCKET NO. SMQ-011
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APPLICANTS
GARY D. FOSTER, SANTA CLARA, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 04/05/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examined Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 13
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ADDRESS
959
LAHIVE & COCKFIELD
28 STATE STREET
BOSTON, MA
02109

TITLE - A SYSTEM AND METHOD FOR THE Global Distribution of Data
LIGHTWEIGHT GLOBAL DISTRIBUTION MECHANISM

FILING FEE RECEIVED 2116	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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APPLICANTS GARY D. FOSTER, SANTA CLARA, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/05/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature <i>TF</i> Initials		STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 13
ADDRESS 959 LAHIVE & COCKFIELD 28 STATE STREET BOSTON, MA 02109					
TITLE LIGHTWEIGHT GLOBAL DISTRIBUTION MECHANISM					
FILING FEE RECEIVED 2116	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		